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CASE OF INTUSSUSCEPTION OF THE BOWEL, BY M. W. WILSON, M. D. OF SCHENECTADY, N. Y.

T. E. æt. 5 years, complained of feeling unwell, on the 19th and 20th of June, 1843, and his aunt, with whom he lived, administered a dose of sulphate of magnesia, on each of these days, which operated gently on his bowels. After this his health improved until the 22d, when he was taken with fever and pain in his abdomen; tongue white and coated, and all the symptoms that usually attended the "influenza," that was then prevalent throughout the country. He was directed a purge of calomel and rhubarb, and if no action on the bowels followed, to give a common injection at the end of four or five hours. Fomentations were also directed to the abdomen. In the evening the pulse was 120 p. m.; tongue slightly coated, and the papillæ projecting near the edge. The skin was hot and dry; much pain and tenderness of abdomen. The bowels had not been moved. Directed to continue the sinapism and give an injection of warm soap-suds. This, though repeated frequently, did not succeed in emptying the bowels; the injection came from him in about fifteen minutes without fæces. The abdomen was now (three hours after the injection) very much distended. A powder composed of a grain of calomel and half a grain of ipecacuanha was directed every two hours.

23d. No change of importance in the symptoms. The powders caused some vomiting. He was directed a warm bath, to repeat the injection, and to continue the sinapisms and powders. In the afternoon he had two or three *small* discharges from his bowels which had the appearance of bloody serum. The color was dark and the odor very offensive. Pulse was 130 p. m.; tongue dark and coated; some pain (not severe) of abdomen; more restless.

24th. Expression anxious; abdomen tumid and hard. No other change in the symptoms. He has now directed half a drop of croton oil every hour until ten drops were taken, but without effect. In the evening a long injection tube was introduced in the rectum and a large quantity of tepid water thrown up, which passed from him without fæces.

25th. Vomiting of stercoraceous matter, great prostration. This circumstance confirmed a probable diagnosis that had been made of intussusception, and we proceeded at once to inflate the bowels, which was accomplished without difficulty, but without beneficial effect. A good injection tube was now introduced through the rectum in the colon and a large quantity of tepid water was thrown up with the view to reduce the invagination by the pressure of the water from below, but it was equally fruitless.

26th. Abdomen enlarged, and tympanitic, complained of less pain, great prostration. Croton oil was again administered but without result.

27th. Great prostration, vomiting continues; loss of sight. He died during the night.

Necroscopy ten hours after death.

On opening the abdomen a small quantity of dark coloured fluid was found in the cavity of the peritoneum. The stomach was healthy except near the

cardiac orifice where there was a patch of bright red injection. The duodenum and jejunum were but slightly altered. The ileum about two feet above the ileo-cæcal valve was of a dark mahogany colour, and intussusception of about five inches was found at this place. The coats of the intestines when they came together in the intussusception were quite firmly adherent, and also of a dark mahogany colour. About a foot above the invagination a rupture of the gut had occurred, and a black tenacious mass passing from the intestine to the cavity of the abdomen blocked up the opening. This opening could hardly be caused by the dissection, for aside from the care that was practiced in the examination, the opening appeared as though caused by a different agent than the scalpel. The ileo-cæcal valve was healthy and the colon entirely empty and much contracted.

OBSERVATIONS ON THE EXTRACTION OF TEETH, AND THE INSTRUMENTS IN USE FOR THAT PURPOSE.

By J. F. B. FLAGG, M. D. Surgeon Dentist.

Many diseases of the teeth, and of their contiguous parts, render a removal of them absolutely necessary, in order to secure the return to healthy action of the portion affected, as well as to afford relief from pain. In consideration of this, it becomes an important desideratum as to the most *scientific, expeditious and least painful* method of performing this operation.

Errors prevail upon this subject, both in regard to the instruments in general use, and the manner of their application. Besides, there are some moral considerations too often lost sight of by practitioners of the dental art. It is wrong to attempt the extracting of a tooth for a child, when he is assured "the doctor is only going to look at it," notwithstanding you may be encouraged to do so by a whisper or a knowing wink on the part of its parent or guardian; and it is equally a *mistake* to tell the confiding little sufferer that he is not to be hurt in the least, when nine times in ten, the persons so attempting to inspire courage, will either leave the room, or show by some other obvious sign that *their* nerve is not equal to the witnessing so much torture. It is likewise a very great *error* to believe that you are about to have your tooth extracted with the thumb and finger, when the operator has a concealed instrument in his sleeve.

These may appear trifling in themselves, but when considered in connection with the prevailing abhorrence of the adult to undergo this necessarily somewhat painful operation, is it not reasonable to attribute much of their fear to the method of their treatment as children.

I have been led to the foregoing remarks, more from their applicability to the subject of extracting teeth generally, than from any particular bearing they may have upon the relative merits of the various instruments used for this purpose; a few of which I will proceed to consider, and respectfully submit to the attention of your readers.

As it would not be even amusing to describe many of the ancient instruments applied to remove pain, as

it were, by *counter irritation*, except to those curious in the inventions of inquisitorial tortures, I will pass over such, and proceed at once to the consideration of a few of those in most common use at the present day.

The *German Key* has been used more generally, for many years past, than probably all other instruments combined. It has been subjected to various modifications or *improvements* according to the genius or fancy of the maker or operator; few of which, however, have been found to possess any real advantages over the original invention. For example; the *Key* which most prevails in this country, is that with the irregular or crooked shank, so constructed for the purpose of avoiding the cutting edges of the front teeth, when the fulcrum is placed *within* the arch of the jaw, and the tooth is removed by turning it *in*. Now a correct knowledge of the anatomy of these parts compel all scientific dentists to turn the tooth in an opposite direction. There are rarely exceptions to this general rule; it sometimes happens, that, from a crowded state of the tooth to be removed, there may not be sufficient space to allow of its passing *outward*; in this case we are justified in turning it as nature seems to dictate; taking sufficient care, however, to load the fulcrum with many bandages, in order to prevent its falling below the neck of the tooth, and to cause the pressure upon the more elevated portion of the jaws and teeth. In a proper application of the instrument, under these circumstances, it will be perceived that the matter of any other *turn* in the instrument than that which is required to remove the tooth is entirely uncalled for. With a judicious selection of the hook, and a proper enlargement of the fulcrum, by means of bandages, this is a safe and useful instrument in the hands of the operator.

The *Graver* or *Punch* has been in use for the removal of stumps or roots, and occasionally entire teeth, for several years; many, otherwise good operators, will not trust themselves with the use of this instrument, deeming it unsafe, but in the hands of the skilful it becomes too important ever to be *meanly concealed*.

The only remaining instruments to which I would ask attention, are the *Extracting Forceps*; and to those only which are formed with strict reference to their legitimate purposes. The forceps best calculated to remove a tooth, are those which will grasp the neck of the tooth most effectually, even below the *alveoli*; and in order to effect this, it is necessary to have one or more pairs adjusted to every variety of teeth, both superior and inferior. Great care is required, as well in acquiring the proper hold of a tooth, as in effecting the removal with these instruments; otherwise serious mischief may result, not only to the tooth in question, but others may be equally jeoparded. The following case will serve to illustrate:—

Mr. D. R. of New Bedford, Mass. called upon me to remove the roots of the first inferior molar, which had been broken in consequence of injudicious application of the forceps; and this was not the whole extent of the mischief he suffered; as, for want of entire control, the operator allowed the instrument to rebound against the upper central incisor with sufficient force to break that also. Such *accidents*, I am sorry to say, are as often the result of ignorance as carelessness in the profession.

If properly used, forceps possess decided advantages over all other instruments, frequently causing the patient to exclaim "*it did not hurt*;" "*I thought it would slip off*." When, in fact, the tooth was out; and similar expressions to the foregoing, are of

daily occurrence, fully confirming the comparative ease and comfort in their proper application. The most prominent advantage these instruments possess over the *key* is, the avoiding the necessary pressure upon the surrounding soft, and not unfrequently inflamed portions of the jaw, which *pressure*, in most cases, becomes more serious cause of complaint than dismemberment itself.

I will close this article, by relating the following anecdote, which shows the effect often produced by the use of the keys. Some years ago, while on a visit to the Catskill Mountains, seeking relief from care and the oppressive atmosphere of a crowded city, I chanced to meet with a young and well educated Irish gentleman, but recently arrived from the "*old country*;" his address was pleasing, but he had one very awkward gesticulation of constantly carrying his hand to the mouth, and seizing violently what proved in the sequel to be an offending tooth. Having thrown into my trunk an extracting key, to meet similar emergencies, I ventured to suggest that it would afford me *peculiar pleasure* if I were sufficiently in his confidence to be allowed to officiate; in this I was successful; he seated himself in the barber's chair and every preliminary was arranged.

For the information of those who have never visited this spot, it may be well to give a brief description of its location, the better to appreciate what follows. The mountain house is a very convenient edifice, with some pretensions to classical elegance even in its front, which looks directly upon the waters of the Hudson, from a distance, varying from twelve to thirty miles; and at an elevation of about 3000 feet. It stands upon an abrupt ledge of rocks or precipice; and immediately at its western wing stands an aged but storm-stricken tree, which has acted many times the part of lightning-rod or protector to the house. A short distance, somewhat in the rear of the building, the hill rises some 300 feet higher, and completely destroys the prospect in that direction. Now it is not unfrequently the case that a cloud arises, and comes around this elevation so suddenly as to give no previous intimation of its existence, and you become immediately deluged in rain. Such was the case upon the occasion alluded to. Having placed, *secundum artem*, the key upon the tooth, I began to pull: at that instant, the lightning's flash and one report of thunder were simultaneous; the tree, which stood almost at our feet, became shivered, the instrument appeared to be made of *fire*; one nervous twitch on my part, and the tooth was out. "*Heavens!*" I exclaimed, "*what a clap of thunder!*" The patient arose, and immediately responded, with that brogue so peculiar to the inferior portion of his countrymen, "*THUNDER? I thought it a part of the operation!*"

No greater evidence, I think, can be adduced to prove the superiority of the forceps over the key, than the fact that some operators are having constructed a mongrel instrument, resembling the forceps in the formation of the *handle*; but upon the opposite extremity is placed the *hook and fulcrum* of the key; one-half of which instrument is intended for the *eye* of the patient, and the other for the *mouth*.

Philadelphia, July 3, 1844.

RAILWAY TRAVELLING AND ABORTION.—Under this very extraordinary head, Mr. Rankin writes a letter to shew that in Scotland, at least, abortion has been more frequent since the introduction of railways, and he is desirous of ascertaining whether a similar result has been produced in England. The question is one of considerable interest.

CLINICAL LECTURES AND REPORTS.

DISPENSARY OF JEFFERSON MEDICAL COLLEGE.

PROFESSOR BACHE'S CLINIC (MEDICAL.)

[Reported by Edward R. Squibb.]

Wednesday, May 8th, 1844.

CASE I. Maria S. æt. 39. Complains of pain in her limbs, which increases during the night and is attended with swelling of the extremities. Twelve months since, she lost a child whilst nursing, after which had an abscess of the breast, followed by pains throughout the body; for which her medical attendant gave her a mercurial which produced ptyalism; afterwards got better, but never entirely well, feeling these pains in the limbs, and a general soreness at times ever since. Pulse eighty-eight; bowels confined; tongue a little furied; catamenia only appeared twice this year, and at irregular intervals; rest bad; stomach somewhat swelled; slight dyspnoea at times; left leg much swelled and inflamed.

This case seems to indicate the necessity of some alterative, avoiding mercury; and at night, the use of a composing and laxative pill.

Therefore ordered to take 3 grains of iodide of potassium three times a day in solution; three pills of aloes and assafoetida at night; and to confine herself as much as possible to a milk diet.

CASE II.—Mrs. C.'s child, æt. 2½. Has had convulsions at intervals for a year past. Has the appearance of a strong healthy child; has all his milk teeth. Appetite unnaturally strong; bowels regular; urine becomes cloudy on standing; occasionally feverish; rests well at night.

Ordered to take hydrargyrum cum cretâ grs. v. three times a day; and a warm salt bath every night.

CASE III.—Catherine O. N. æt. 60. Has been under treatment for tertiary syphilis, attended with pains in the limbs; copper coloured blotches; sore throat, &c. Has taken for some time, with much benefit, five grains of iodide of potassium in half a tumblerful of hop tea three times a day.

Ordered to continue the treatment.

CASE IV.—Elizabeth D. æt. 40. Feels sick and weak; appetite poor; rests badly, bowels costive; pulse pretty good; tongue a little white; skin feverish; with some precordial anxiety.

Ordered to take three comp. cathartic pills at bed time.

CASE V.—James E. æt. 30. Complains of pain in the left breast, extending through to the shoulder, for which he was bled and cupped about a week ago without much benefit; appetite good; rests well; bowels regular; no increase of pain on drawing a long breath; tongue natural; pulse good; cough, which has been troublesome, is declining; expectoration tough, and sometimes presenting the appearance of pus; the chest on percussion, yields a clear sound on both sides. This case, although liable to become serious if neglected, does not present any dangerous symptoms at present.

Ordered to apply a warming plaster to the seat of pain, and to take a powder consisting of one grain

of calomel with five grains of the powder of ipecac. and opium every night.

CASE VI.—Margaret H. æt. 26. Has been under treatment sometime past for a pain in the side, with constipation, loss of rest, &c., for which she was directed to apply a belladonna plaster to her side, and to take two aloetic pills every night; was benefited by the treatment, having got almost well, until the past week, when the pain returned.

Ordered to apply another belladonna plaster, and to take three pills of aloes and assafoetida every night.

CASE VII.—Mary T. æt. 47. Has been under treatment for habitual vomiting and constipation, which have in great measure yielded to the exhibition of the subnitrate of bismuth, five grains three times a day and two comp. cathartic pills every second night.

Ordered to continue the medicines, taking the subnitrate twice a day, and one comp. cathartic pill every night.

CASE VIII.—Ellen N. Has been under treatment since last prescribing day for ascitis; feels better to day, although there is not much diminution of the effusion.

Treatment by calomel and squill, ordered to be continued.

CASE IX.—Mrs. R. æt. 38. Complains of a rash which breaks out occasionally, over portions of her body, giving rise to considerable annoyance. Appetite good; tongue natural; pulse good; and bowels regular.

Ordered to confine herself to a vegetable diet; to take a teaspoonful of sulphur morning and evening; and to bathe the parts in warm salt water every day.

CASE X.—Thomas A. æt. 34. Has been under treatment for phthisis for some time past; feels better to-day, cough and expectoration better; tongue natural; enjoys better rest at night.

Treatment by iodide of potassium, solution of sulphate of morphia, and warming plaster to the seat of pain, ordered to be continued.

CASE XI.—John Mc. C. æt. 35. Has been treated for hydrothorax. The pectoral symptoms have been relieved, leaving a soreness of the stomach; griping pains, and constipation.

Ordered to take four comp. cathartic pills.

CASE XII.—Mrs. S. æt. 40. Has been some time under treatment (see last reports) for enlargement of the abdomen. Swelling increases towards evening; has difficulty of breathing at night; pain in the back of her head; and occasional sickness of stomach, preceded by trembling.

Ordered to discontinue the cream of tartar and jalap, and to take half a grain of digitalis and three grains of squill morning and evening.

CASE XIII.—Margaret C. æt. 58. Complains of loss of power in her arms, and constipation. Pulse good; tongue somewhat white; appetite tolerable; and rest good.

Ordered to take a compound cathartic pill every night, and to rub her arms with liniment of ammonia.

LECTURES

Delivered in the Theatre of St. George's Hospital, in the session 1843-44,

BY SIR BENJAMIN COLLINS BRODIE,

Consulting-Surgeon of the Hospital.

EXTRACTION OF FOREIGN BODIES.

Foreign bodies in the nasal passages—In the external ear—In the digestive tube. Removal of fish-bones from the throat. Impaction of bodies in the œsophagus. Foreign bodies in the stomach. Knife swallowing, and injurious bodies in the intestines. General treatment.

GENTLEMEN,—Two or three years ago I was consulted concerning a young person, a female, who had some complaint in her nostrils. There was a putrid discharge from them, and those symptoms were present which usually indicate the presence of diseased or dead bone of the nostrils; and presuming that this was the nature of the case I prescribed sarsaparilla, and treated her accordingly. This complaint had been going on since she was quite a child, and when I saw her she was eleven or twelve years of age. Not long ago, in blowing her nose, something came out of her nostrils—a large solid substance. Her family thought that this was the piece of dead bone which was expected to appear, and it was sent to me; but, on examining it, I found that it was not bone, nor had it the appearance of ever having been organised. It was convex on one side and concave on the other, and seemed to have been formed upon a nucleus. Dr. Prout was good enough to examine it chemically, and he found it to consist of dry mucus, with phosphate of lime, such as is secreted by an inflamed mucous membrane. The mucous membrane of the nose, like that of the bladder, will, when irritated, secrete phosphate of lime. I was led, from this, to conclude that, originally, some foreign substance had been introduced into the nose, and if it were a round body this would account for the concavity on one side of the concretion. Here was a case in which there was great reason to believe that some foreign body had been introduced into the nostrils, and had remained there for years, producing all the symptoms usually arising from diseased bone.

A little boy was brought to me a few years ago, with a putrid discharge from the nostrils. There, also, I thought that there was a piece of diseased bone. He had this for one or two years. On looking into the nostril, however, I perceived, at the upper part, something rather larger than a piece of dead bone might be supposed to present. I took hold of it with the forceps, and on removing it, found it was a tamarind-stone which the boy had thrust into the nostrils a year or two before, no one knowing anything of it. In each of these, when the foreign body was taken away, the symptoms subsided.

Another patient was brought to me supposed to have diseased bone in the nose,—a little girl in whom there had been a putrid discharge for two or three years. There I could see nothing, but, from the symptoms, I concluded that disease was going on in the bone. I prescribed for this patient sarsaparilla, and one morning something was blown out of her nose. It was brought to me, and I discovered that it was a piece of sponge that had stuck in the nostril, and was now filled with mucus, and, I suppose, some phosphate of lime. As no one knew the history of the case I suppose that the child must have thrust it in herself. It is not very uncommon for children to get foreign bodies into their nostrils, and these cases show that

you may be led into great error by supposing that there is diseased bone, when there is none at all.

In two of these cases the foreign body was blown out—came away spontaneously; and in the case of the tamarind-stone I removed it very easily with a pair of forceps. Other means, however, may be adopted for removing these foreign bodies. A child was brought to me who had got a glass bead into the nostril, and it was known that it was there. I tried to take hold of it with the forceps but they slipped over its smooth surface. I then introduced a probe, bent in a peculiar manner, which, getting behind the bead, pulled it out.

Foreign bodies may get into the external meatus of the ear. A child was brought to me who had got a broken piece of slate-pencil about half an inch in length, in the meatus. You might suppose it an easy matter to get a foreign body out of the external meatus of the ear, that part being so much more in sight than the nostril. But it is often very difficult, and for this reason: in the nose you may poke with the forceps, and do no harm. I have already stated what great manipulations the nostril will bear. But what will happen if you poke with the forceps in the ear? A child was brought to this hospital with a pea in the ear. A great many attempts had been made to remove it prior to the child being brought here. The pea was then out of sight, and the child had very alarming symptoms of inflammation of the brain. The little patient died; and it was found that in attempting to extract the pea, the membrana tympani had been destroyed. The injudicious poking of the tympanum with the forceps had caused inflammation of the bone of the tympanum, and a separation between it and the dura mater, so that the child died in consequence of the rude introduction of the forceps into the ear. Indeed, it is a very difficult thing to extract a foreign body from the ear with forceps, and if you attempt it you must proceed with the greatest caution. I have, however, extricated foreign bodies from the ear with a narrow pair of forceps by letting the rays of the sun shine into the meatus and then introducing the forceps, so that one blade came upon each side of the foreign body. But if you attempt it without the rays of the sun shining into the ear, and using your eyes carefully, and your hands slowly and attentively, nothing is more easy than to drive the body against the membrana tympani, break the latter, and push the body into the tympanum. I do not say that you are not to extract foreign bodies from the ear with forceps, but you must do it with the greatest care; for the want of care may lead to the destruction of the patient. But I have more frequently succeeded in these cases by other means. I stated that a child was brought to me with a piece of slate-pencil in the ear. I placed the child opposite the light, and injected some tepid water into the ear with a syringe. There was room for the water to penetrate into the meatus, and as it came back it washed out the slate-pencil. There was a case brought into the hospital in which there was some foreign body—I believe a pea—in the external meatus. I tried all sorts of methods to get it out. I could not use the forceps, and it nearly filled up the meatus, so that either water could not pass behind it, or it was so jammed that the water injected by the syringe would not wash it out. I said, "Let it alone, let it remain there, the pea in all probability will dry and waste of itself, and then it will come out, or when it is rotten it may be washed away with a syringe; but I will not make any further efforts to remove it now; for I may drive it into the tympanum and kill the patient." In one case, where a foreign body had got into the ear, I extracted it, like the glass bead,

with a bent probe, which I introduced very carefully behind it.

Having called your attention to this subject, I shall proceed to speak of foreign bodies in other cavities. You may find them in any cavities that have natural outlets. They may be thrust in, or they may be swallowed. They may, when swallowed, pass at once into the stomach; some, from their bulk, or irregular figure, stick in the pharynx or œsophagus; and others, even of small size, if sharp and pointed, may stick in the pharynx or tonsils.

The small bones of fish, if they be swallowed, and stick anywhere, generally do so in the tonsils. The following is not a very uncommon case:—A patient sends for you who has swallowed a fish-bone; he feels an uneasy sensation, and every time he tries to swallow he finds pain, and the more he attempts to swallow the greater is the pain. You look into his throat and see a fish-bone sticking in the tonsil. Nothing can be more easy than to hold down the tongue with one finger on the flat end of a spoon, take hold of the fish-bone with a pair of forceps and remove it. The fish-bone, however, may be stuck in the lower part of the pharynx, and then you cannot see it; but you may feel it with the finger, and having so done you may seize it with the forceps and remove it. The part at which fish-bones most frequently stick is where the œsophagus and pharynx unite just behind the cartilages of the larynx. The reason why they are so liable to stick there is, that the cartilages of the larynx are not capable of being dilated; whereas, if they pass lower down, the whole tube of the œsophagus may become dilated.

The treatment of these cases differs much according to circumstances—according to the exact position of the body swallowed, and according to the nature of the body itself. A person swallows a large piece of meat, and it sticks somewhere in the pharynx or œsophagus. If, on introducing the finger, you feel it quite distinctly in the pharynx, there is no reason why you should not remove it with forceps. But if it lodge in the œsophagus, then the best thing that can be done is, to introduce a common œsophageal bougie and push the piece of meat down into the stomach. A little skill is necessary in introducing the bougie. There was an Indian juggler who used to swallow a large blade sword. The sword was straight, and he pushed it readily into the stomach. The way in which it was done was this:—The man threw his head as far back as possible,—and, from early tuition, he could do that further than any one of us,—so that he made the mouth, the pharynx, and the œsophagus, one straight line, and then he introduced the sword. You should act on this principle in introducing a bougie. Let the patient be placed on a chair, as it occurs more frequently in hysterical women than others, with her head turned back as far as possible; and then having a bougie well oiled, introduce it to the pharynx, and with the finger push it down. If it meets with resistance, use moderate force to push the piece of meat into the stomach. A moderate force is always sufficient: you must be careful how you employ great force. I knew of a case where a surgeon, using a bougie roughly, pushed it through the œsophagus into the posterior mediastinum and killed the patient. I heard of another case where the same thing happened. However, it must require considerable force to push the bougie through the œsophagus; and it is only a moderate force that is necessary to push the meat into the stomach. But supposing it to be not a piece of meat, but a piece of bone, or any other foreign body; first ascertain

whether it is within reach of the finger. I have already stated that a large piece of bone will generally stick in the lower part of the pharynx where that and the œsophagus unite, and you may then feel it with the finger. Endeavour to introduce the finger behind the glottis, and if you can do that seize the bone with the forceps. You must be prepared with different kinds of forceps, some of which open laterally. It may be that the foreign body lies with two flat surfaces, one to one side and the other to the other, and then the forceps that open laterally answer best. If it be in the other position, with the flat surfaces looking forwards and backwards, you must have forceps which open in another direction. You may sometimes employ shorter forceps, and in other cases longer, but they should be of tolerable length.

But let us suppose that the foreign body cannot be felt with the finger, are you then to attempt to take hold of it with forceps? Really, to extract a foreign body from the œsophagus, below the part at which you can feel it with the finger, would be a very difficult operation, and probably not a very safe one; for, in poking with the forceps you might carry them through the coats of the œsophagus. It might require great force to drive a bougie through them, but much force would not be required in order to drive through them a strong body made of steel. If the foreign body be low down, and you are to extract it at all, you must do it by other means; but probably it will be best to push it into the stomach. If it be small enough to pass the œsophagus, it certainly will be small enough to pass the pylorus; at least, in all probability. You may push it into the stomach best by means of a common bougie, or what is called a probang—a piece of whalebone with a sponge at one end. This is to be introduced into the œsophagus and pushed down towards the stomach. It may operate in two ways. It generally acts by the sponge pushing the substance into the stomach; at other times, if the foreign body do not occupy the whole diameter, but only impinges by its two shoulders, the probang may be passed below it, and as you pull up the sponge the foreign body may be drawn up with it. You make a sort of blunt hook, to be fastened to the whalebone, the intention of which is that it should be passed below the foreign body, and the foreign body dragged up by the blunt hook. The best thing, however, that you can do is to push it into the stomach, and that is the most easily accomplished.

Although it is easy to speak of dislodging these foreign bodies, you will not always find it so easy in practice; and if you cannot easily remove them, what are you to do? If the patient suffer very little inconvenience, and the part be beyond the reach of the finger, I think it is best to let them alone; but if the part be within reach of the finger, then there can be no doubt as to the propriety of attempting to remove them. If, however, there be great difficulty in dislodging the body, then it is best to let it alone, and nature will generally do what is wanted. The œsophagus will, by giving way, dilate the bowels; the fibres will contract above; and gradually the thing will creep down to the stomach; or, perhaps, it may be hawked up again. I was called to a gentleman who said that he had swallowed a large piece of fish-bone—a part of the head of a cod. I could feel nothing with the finger; I passed a bougie into the stomach, and, to state the truth, I rather doubted whether anything had lodged there. As his life was not in danger, although he was suffering some inconvenience, I thought I would let it alone. In two or three days he hawked up something, and there came away a piece of bone,

larger than the thumb, which had been lodged in the œsophagus. According to my experience, in the majority of cases where foreign bodies are stuck in the œsophagus, if you fail in relieving the patient nature will accomplish it. I cannot say that I have seen any cases where any ultimate harm has arisen from a foreign body stuck in the œsophagus. Such cases have occurred, and there have been instances where a foreign body has pressed on the trachea and obstructed respiration, so that a patient has been nearly suffocated. If you are called to such a case the first thing you will do is, to make an opening into the trachea so as to enable the patient to breathe, and then you may examine the œsophagus and pharynx, and ascertain whether the foreign body can be removed or not. Cases have been recorded where an incision has been made into the œsophagus for the purpose of taking out the foreign body lodged in it; and other cases are upon record where the foreign body has occasioned suppuration of the œsophagus and an abscess in the neck, and on opening it the foreign body was found in the cavity of the abscess. Such instances, however, are very rare; and on looking over the cases recorded in the Memoirs of the French Academy of Surgery, where there is a large collection presented, drawn from authors of all ages, I do believe that, in the great majority, where the operation has been performed for the removal of foreign bodies from the œsophagus, the patients would have done much better if they had been left altogether to nature, and to the operation of their own powers.

Now, supposing the foreign body to have got into the stomach, what will it do there? Why, small bodies over and over again get into the stomach, and come away. If it be a sixpence, or a farthing, you may be pretty sure that in the course of two or three days it will be found in the evacuations. It is astonishing what foreign bodies will pass through the stomach, and go through the intestines, without doing harm. A gentleman, in a paroxysm of insanity, swallowed a pair of compasses three inches in length, and the family sent to me in great fright. The compasses had not stuck in the œsophagus, but had gone into the stomach. To think of looking for them there was quite absurd, and I told them to let him alone. He must have swallowed them with the blunt end forwards, and the probability was that they lay towards the pylorus. In the course of a fortnight, without his having suffered even a colicky pain, they one day found the compasses in his close-stool pan. He lived a considerable time afterwards, and never suffered any inconvenience from this exploit. Several persons have been in the habit of swallowing large bodies, and getting money for exhibiting the feat. A sailor, in America, in a drunken fit, swallowed a large knife. It went into the stomach, produced some colicky pains for a few days, and was then voided per anum. Two or three days afterwards he did the same thing, and finding that people stared at him, and gave him money, he went on with it. People went on purpose to see this exhibition of swallowing knives. By and by, however, he got into very ill health; there was severe colicky pain in the intestines, and in the abdomen; his stools always came away black; and he sank, and died. On examining the body several blades of knives were found, half destroyed, from the oxidation to which they had been subjected. But it seemed that the immediate cause of death was a large knife which stuck across the upper part of the rectum, running through both sides of the gut.

The great majority, even of large substances,

taken into the stomach, pass through the pylorus, travel along the intestines, and find their way out at the anus. There are particular parts of the intestines, however, where these foreign bodies are most likely to stick; they may remain in the cul-de-sac of the cæcum. A woman was brought here with a tumour in the right iliac region. She died, and, on examining the body after death, an abscess was found connected with the cæcum, and in the middle of the abscess there was a pin. Over and over again women and children swallow pins, and they generally pass away without doing harm, but in this case the pin stuck in the cæcum, and getting into the cellular membrane it caused a small infiltration of feculent matter and produced the abscess. The part, however, in which foreign bodies are most likely to remain, is the rectum. No doubt that abscesses by the side of the rectum and fistulæ in ano, in many instances, arise from some foreign body sticking in the rectum. I was called to a gentleman suffering great uneasiness in the rectum. At first I thought there were piles, but when he described his symptoms more accurately I was convinced that there was something more than internal piles. I introduced my finger into the rectum, and found that there was some hard substance above the sphincter, and which appeared to be half in the gut and half out. With some difficulty I dislodged it, seized it with a pair of forceps, and removed it. It turned out to be a large core of an apple, the sharp edge having stuck in the rectum. If it had not been thus removed it would have made an abscess. I was sent for to a gentleman with a large abscess by the side of the rectum. The patient had a dry, brown tongue, and other typhoid symptoms, and I therefore concluded that it was full of putrid matter. I opened the abscess freely, and let out a large quantity of stinking putrid matter. Having done that I thought it advisable to examine the abscess with my finger, and I found a hard body, sticking in it, like a great pin. With some difficulty I removed it, and it proved to be a fish-bone, perhaps two inches in length, one end of which had stuck in the side of the rectum, and the other lay across the abscess. He had swallowed it without being aware of it; it had passed easily down the œsophagus, through the stomach and pylorus, and all the coils of the intestines and cæcum, but when it reached the rectum it passed through one side of it, allowed some of the fecal matter to intrude by its side, and cause this large abscess. Many cases are recorded by writers where the foreign bodies that have been swallowed have produced fistulæ.

When a foreign body has got into the stomach, you must consider it as out of your hands altogether, except that you must keep the bowels gently open. All violent purging should be avoided; for if there be a sharp pin, great peristaltic action may cause it to do much injury. You may exhibit lenitive electuary or castor oil, but you must not be in a hurry to expel the substance, for it will generally pass after remaining in for a week or a fortnight, and if it be a small body it will come out much sooner. For the most part there is but little cause of apprehension, though in some cases unfortunate occurrences arise, as in the case of the woman who swallowed the pin. It is desirable to see that the substance does come away, and you must take care that the patient has his evacuations in a close-stool pan, and that they be minutely examined.

It has been proposed by the old writers to make an incision into the intestines, but at this time of day I do not think it is necessary to explain how much

better it is to leave the case to nature than to have recourse to such a dangerous operation.

There is another matter of considerable practical importance to which I wish to call your attention, with respect to matters supposed to be stuck in the œsophagus. A woman was brought to town who was thought to have swallowed a piece of bone, and I believe there was no doubt that she had done so. I introduced my finger, and not being able to feel it, I concluded that it was below the reach of the finger. I then passed an œsophageal bougie into the stomach, but could not feel it; I then introduced a probang with a sponge, but with no better effect; but, still, the woman had the sensation of its being there. I now began to doubt whether it really stuck there, and to suspect that the sensation she experienced indicated that some part of the œsophagus had been abraded or torn by the foreign body, but that the body itself had passed into the stomach. It is a common trick with conjurers to put a half-crown into the hands of a person, to press it firmly, and then to say to him, "You are sure it is there?" The party says "Yes." In fact, he has the feeling of it, but when he opens his hand it is not there. The sensation made by the pressure on the hand remains a considerable time after the body itself has been removed, especially if the feeling be assisted by the imagination. You get a piece of sand or gravel into the eye; it is taken out directly, but you persist in saying that it is there; for a little inflammation of the eye produces a feeling as if a foreign body were in the conjunctiva. So I thought it might be with this patient, who imagined that she had a bone in the œsophagus which she could not swallow. Under that impression I ordered an opiate glister; and, under its influence, the sensation was, on the next day, very much abated; and, on the following day, was entirely removed. I think that the rapid subsidence of the symptoms under this treatment proved that they depended on an injury inflicted, and not on the foreign body remaining there. I met with a similar case in the following instance.—A maid-servant was supposed to have something sticking in the œsophagus, but, with the largest bougie or probang, nothing could be discovered there. I treated her in the same manner, and, she was quite well. I suspect that this is not a very uncommon case. A person sends to you, and says that he has swallowed a fish-bone; you cannot find it; in reality, it has passed on; but it has pricked the œsophagus. By leaving such cases alone I have seen instances in which, in a day or two, the sensation has entirely disappeared.—*Lond. Lancet.*

BIBLIOGRAPHICAL NOTICES.

The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M. D., F. R. S., &c. &c. Parts I to XXV. London.

The Cyclopædia of Practical Surgery. Edited by W. B. Costello, M. D. London.

A Dictionary of Practical Medicine, comprising General Pathology, the Nature and Treatment of Diseases, Morbid Structures, &c. &c. By James Copland, M. D., F. R. S., &c. Parts I to IX. London.

The Cyclopædia of Practical Medicine. Edited by John Forbes, M. D., F. R. S., Alexander Tweedie, M. D., F. R. S., and John Conolly, M. D. Revised,

with additions, by Robley Dunglison, M. D. Parts I to IX. Philadelphia.

Dictionnaire de Médecine ou Répertoire Général des Sciences Médicales, considérées sous le Rapport Théorique et Pratique. Par MM. Adelon, Béchard, Bérard, &c. &c. Tome I—XXVIII. Paris.

Dictionnaire des Etudes Médicales Pratiques. Par MM. Amussat, Andral (A.), M^{me}. Boivin, &c. Tome I—IV. Paris.

Encyclopädisches Wörterbuch des Medicinischen Wissenschaften. Herausgegeben von der Professoren der medicinischen Facultat zu Berlin. U. S. W. Band I—XXXI. Berlin.

It has seemed to us, that it would be interesting to many of our readers to have a brief notice of different encyclopædic works on medical science, which either are, or ought to be, in course of publication at this time, in order that they may be able to form some idea of the progress of such extensive undertakings, and be enabled to judge of the value which they individually possess.

1. The "*Cyclopædia of Anatomy and Physiology*" was commenced in June, 1835; and has been nine years in reaching the 25th part, which considers the Muscles and Regions of the Neck, Nerve, Nervous System and Nervous Centres:—the first article by J. Simon, Esq., the second by Dr. Todd, the third by J. Anderson, Esq., and the fourth by Dr. Todd. In an advertisement prefixed to this part, which appeared in January, 1844, the Editor alludes to the difficulties he had experienced in issuing the parts regularly; and states, that "these obstacles, he is thankful to be able to say, no longer exist;" and on the cover of this Part, Part XXVI is announced to be "in a state of forwardness, and is fully expected to be ready for publication on the first of March;"—yet we have no news of its appearance.

The contributors to this work are some of the most distinguished anatomists and physiologists of Great Britain; and in addition to these we notice the names of Audouin, Breschet, Deshayes, Dutrochet, J. G. St. Hilaire, of Paris, Vrolik, of Amsterdam, and Wagner, of Erlangen.

2. The "*Cyclopædia of Practical Surgery*" is the only one of the works at the head of this article not now before us. Part XI, we believe, is the last. It contains Fistula, General Doctrine of Fracture, and an appendix on Reunion of Bone;—the first by the Editor, Dr. Costello, the second by Dr. J. Macdonnell, and the third by T. Wilkinson King, Esq., of Guy's Hospital. Amongst the collaborators are enrolled many of the most eminent surgeons of Great Britain and France; and although from the mode in which "it drags its slow length along," it is difficult to say when this Cyclopædia will be completed, it must be admitted, that many of the articles are of sterling value: one of them on Cancer, by Dr. Walshe, has been republished in this country by Dr. John Mason Warren, of Boston.

Both these Cyclopædias are illustrated by well conceived and well executed wood cuts, which add greatly to their value.

3. The "*Dictionary of Practical Medicine*," by Dr.

Copland is in every respect an extraordinary work; wonderful to be executed wholly by one man. No single article can be referred to without the reader being astonished at the extent of information, and the classifying and condensing powers of the author. Dr. Copland is probably entitled to the credit of having first proposed such an encyclopædic work on practical medicine in Great Britain. Cooper's Surgical Dictionary existed; and it was deemed important to have a similar work on medicine. In Pettigrew's "*Medical Portrait Gallery*," in a biographical notice of Dr. Copland, it is stated: "In 1825, Dr. Copland projected an 'Encyclopædic Dictionary of the Medical Sciences,' and drew up a prospectus of the undertaking. In this he was to have been assisted by his friend Dr. Dunglison, now of the United States, and by the late Dr. Gordon Smith; and the work was actually agreed upon by Messrs. Underwood, medical publishers, when the panic of the period caused them to relinquish it."

This statement is correct in many particulars, but not in all. It contains a slight anachronism. Dr. Dunglison, we believe, left England in 1824; and in that year the project was conceived, and advertised in the "*London Medical Repository*," of which Drs. Copland and Dunglison were at the time editors. Mr. Henry Earle, of Bartholomew's Hospital, was to have prepared the surgical portion. This was probably the germ so ably developed by Dr. Copland, singly and alone, in his "*Dictionary of Practical Medicine*," the first part of which appeared in 1832. Part IX, the last published, concludes the second volume. It comprises the articles from Lungs, œdema of, to Ozæna inclusive. Two-thirds of the work are considered to be completed; but unless there be greater expedition in issuing the remaining parts than their predecessors, it will be yet six years before the learned author will see the term of his unrivalled efforts.

Of the "*Cyclopædia of Practical Medicine*" edited by Drs. Forbes, Tweedie and Conolly, and on this side of the Atlantic by Dr. Dunglison, we have spoken more than once. The English edition is completed; and the parts of the American edition are advertised to appear every fortnight. Nine parts have appeared already, and, we believe, punctually; so that the whole work will doubtless be in the hands of the subscribers in a year from the publication of the first part. Part IX contains:—Fungus Hæmatodes, Dr. Kerr: Galvanism, Dr. Apjohn and Dr. Dunglison: Gastritis, Dr. Stokes: Gastrodynia, Dr. Barlow: Gastro-enteritis, Dr. Stokes: Glanders, Dr. Dunglison: Glossitis, Dr. Kerr: Glottis, Spasm of the, Dr. Joy: Gout, Dr. Barlow: Hæmatemesis, Dr. Goldie: Hæmoptysis, Dr. Law: Headache, Dr. Burden: Heart, Diseases of, Dr. Hope: Heart, Dilatation of, Dr. Hope: Heart, Displacement of, Dr. Townsend: Heart, Fatty and Greasy degenerations of, Dr. Hope: Heart, Hypertrophy of, Dr. Hope.

So much for the English Encyclopædias.

Of the published French Medical Dictionaries we have no hesitation in placing the *Dictionnaire de Médecine* at the head. It is in its second edition: the first we have likewise before us. Volume first of the new edition was published in 1832: vol. 28th, this year. It contains the articles from *Sabine* to *Submersion*, inclusive; and when

we name as their authors, Adelon, A. Bérard, Blache, Cazenave, Desormeaux, Guérard, Guersant, Lagneau, Murat, Ollivier, Orfila, Raige-Delorme, Richard, Rochoux, Soubeiran, and Velpeau, it is needless to say that they are ably executed. To those who desire an admirable encyclopædic work in the French language, we most unfeignedly recommend this.

Of the *Dictionnaire des Etudes Médicales* we cannot help speaking with mortification. Four volumes only, from A to DEL, published in 1838 and 1839, have been received by us; and to all inquiries of the Parisian booksellers, the reply is "the fifth volume has not yet appeared." It has unquestionably stopped altogether; for the article on Diabetes, by M. H. Bell, intended, if we mistake not, for the fourth volume, has been published in a separate form. We are mortified; partly because we have been deceived, and an incomplete work left on our hands; but mainly because several of the articles are excellent monographs of reference. It was conducted chiefly by the younger members of the profession, but did not on that account exhibit less talent or less zeal and industry. The articles in the fourth volume from *Cœur*, *Maladies du*, to *Délivrance* inclusive, are written by Letalenêt, F. F. Francois, Caffé, Féé, H. Sestier, Sanson-Alphonse, P. Gentil, Videcoq, F. Sestier, A. Tavernier, A. Andral, Dupley, Bell, P. Guillemot, A. Férey-Demay, A. Lenoir, C. Denonvilliers, A. Juames, L. M. Michon, Sédillot, Ph. Rigaud, Martins, Rayer and Falret;—some of them not unknown to fame; but the greater part but little or not at all heard of among us.

It remains for us to allude briefly to the great German Encyclopædia; the first volume of which was published at Berlin in the year 1828, and the last, volume xxxi., in 1843. It was originally edited by C. F. von Gräfe, C. W. Hufeland, H. F. Link, K. A. Rodolphi, E. von Siebold; of whom one only, Dr. Link, survives. The present editors are D. W. H. Busch, J. F. Dieffenbach, J. F. C. Hecker, E. Horn, J. C. Jüngken, H. F. Link, J. Müller, all men of distinction, and some of them of world-renown. The last volume contains the articles *Schwangerschaft aussenhalb der Gebärmutter* ("Extra-uterine Pregnancy") to *Spätgeburt* ("Protracted Gestation") inclusive. The *Verzeichniss der Mitarbeiter* or list of Collaborators contains most of the distinguished names of Germany; and the authors of the articles in the 31st volume are Dommes, Ebert, Frank, Gedike, Hecker, Hertwig, W. Horn, Hüter, Ideler, Kersten, Langheinrich, Magnus, Von Schlechtendal, Schlemm, Schotte, G. Simon, Steinheim, Troschel, and Zabel. The individual contributions, as might be expected in so large a work, whether written by one person or by many, are unequal; and some of them very defective, yet it is a valuable addition to the library of the physician who is acquainted with one of the most important of the modern languages—the German.

These brief notices will be sufficient to show how actively the members of the profession are every where engaged in recording the results of ancient and modern observation,—and at the same time, how popular encyclopædic works on medicine have become as they have in other departments of science. It is convenient to have the whole body of a science condensed into a compass of even thirty volumes; and to one whose duty as a teacher, it is, to render himself acquainted with whatever has been done in his special department, they are all but indispensable.

Lectures on the Theory and Practice of Midwifery, delivered in the Theatre of St. George's Hospital. By ROBERT LEE, M. D., F. R. S., &c. &c. *Illustrated with numerous wood engravings.* Philadelphia: Ed. Barrington & Geo. D. Haswell, 1844. 8vo. pp. 540.

Here is another valuable book for which the country is in debt to the Select Medical Library, too well known by its Editor Dr. Bell to require praise from us. We doubt if the Sydenham Society of London, aided by the universal contribution of the profession, will be able to exhibit a more commendable activity, or a more judicious discrimination in the publications we are to hope for under its auspices, than are constantly manifested by the manager of the Select Medical Library—which not only caters for us in all the *nouveautés* but serves us up such solid and useful materials as the present, and the great variety of other publications of great merit, which shine on our shelves—thanks to its liberality. But let us not be diverted from our purpose, which is to say a few words about Dr. Lee's volume. This work consists of 44 Lectures delivered as above by Dr. Lee, at St. George's, and reported in the London Medical Gazette for 1842-3. They have been revised by Dr. Lee himself, and reprinted in a volume. For the American copy before us we are indebted to Dr. John Bell.

Dr. Lee has bestowed considerable pains upon the physiological part of the subject, and in particular has he entered into a discussion of the new doctrines of menstruation, which really taking their rise under the auspices of M. Negrier, at the same time that they attracted the regard of M. Gendrin, have made rapid progress towards a complete and firm establishment by means of Lee, Raciborski and others. It is known that this doctrine professes that menstruation depends upon a periodical excitation of the ovaries and uterus, proceeding from a normal, regular production of Graafian vesicles, which are supposed to reach the surface of the ovary when mature, and then to burst for the discharge of the ovule contained within, and that one such vesicle is developed in each month. The growth of the vesicle, which is rapid at last, cannot but press aside the ovarian stroma, and irritate the ovary, which becomes the seat of an hyperæmic fluxion that involves the whole womb, and in some cases a part of the vagina. This hyperæmia is relieved by the menstrual hæmorrhage, or courses. To show what Dr. Lee thinks on this point, we extract from the top of page 46, the following:

"That the determination of blood which takes place to the uterine system every month, and that all the phenomena of menstruation depend upon the ovaria, and that at each period a Graafian vesicle bursts, and its contents escape, is rendered extremely probable by the following facts."

The facts cited are, the absence of menstruation in such as are congenitally or accidentally deprived of ovaries, and the cessation of menstruation in cases where the ovaries are destroyed by disease. He states that women without womb, but possessing ovaries, have all the periodical symptoms of catamenial power, except the flow. Dr. Lee recalls, at p. 47, the history of an autopsy performed by him on the 11th of March, 1831. It was on the body of a woman who died while menstruating. She died with inflammation of the median basilic vein. In this case Dr. L. found the pit on the ovary, the locus (in quo) of the ruptured vesicle, the ovary. The Fallopian

tubes, and the womb, were all red, and the tubes and uterus contained what was supposed, very correctly, to be menstrual fluid. Dr. Lee speaks of other cases, and cites those to be found in Gendrin, (*Traité de Méd. Prat.*) A warm controversy, says he, has been carried on between M. Negrier and Dr. Gendrin on the priority of the discovery, and they appear to have been wholly unaware, and which adds much to the importance of their observations, that an account of precisely the same appearances had not only been published by me seven years before, in the Cyclopædia of Practical Medicine, but fifty-eight years before, in the Philos. Trans. by Mr. Cruikshank—he also refers to the Kerckring's idea of a somewhat similar kind.

Now we have read the reclamations of M. N. Negrier and Gendrin—and we rest under a painful conviction that full justice is not done to M. Negrier, either by Lee, Gendrin or Raciborski. Columbus is the discoverer of America. This is true, though it is equally true that the Norsemen had repeatedly visited the shores of New England long before Columbus brought to light the truth of the theory of a western continent; and notwithstanding that Kerckring and Cruikshank and others may have had vague notions as to the menstrual development of the vesicle of De Graaf, we are indebted to M. Negrier for a clear exposé and elucidation, and, we may venture to add, firm establishment, of the theory of Menstruation. M. N.'s brochure, with his excellent drawings and accurately described cases, does him great credit, and we are so great lovers of justice that we would crown M. Negrier for establishing a most important point in physiology—a point on which turns such an immense variety and detail of pathology and therapeutics—*palmar qui meruit ferat*. We sincerely believe that M. Negrier has connected his name indissolubly with a most important discovery in physiology; and that whoever writes the History of Medicine in the nineteenth century, will be compelled to do him justice.

In this journal we cannot undertake to make reviews of medical works. Dr. Lee is too good and sensible an author to be reviewed. He should be read. He has already, though but a young man, become illustrious by his earlier works. He has cast a brilliant light upon the subject of the post puerperal maladies, as Crural Phlebitis, Uterine Phlebitis, and Peritonitis; and his charming little duodecimo—*Clinical Midwifery*—a copy of which he was so kind as to send us, is as entertaining as a romance, by the spirit and vigour with which he sketches circumstances that must ever be deemed fit to excite the warmest of human sympathies and interests. Of Dr. Lee we think it may be said, *nil tangit quod non ornat*; and those of our brethren who love to read sensible books by sensible men, will take pleasure and profit in the Lectures of this admirable physician. M.

A Manual of Examinations upon Anatomy and Physiology, Surgery, Practice of Medicine, Chemistry, Materia Medica, Obstetrics, etc. Designed for the use of Students of Medicine throughout the United States. By J. L. LUDLOW, M. D. Philadelphia, Edward Barrington and George D. Haswell, 1844, pp. 615.

The title of this work explains its character and objects. The subjects which it embraces are discussed in

the form of questions and answers, designed to recall to the mind of the student the important facts and principles which he may have read or heard in lectures. If used for that purpose only, such performances would scarcely be condemned by any one; but, when employed as substitutes for elaborate treatises on the various subjects of medical science, and as a sort of labor-saving machinery, by the aid of which every thing is to be memorized and repeated, parrot-like, instead of being investigated and understood, they are in the highest degree pernicious. In science, as in every thing else, nothing truly valuable is to be acquired without labor, and those who believe otherwise, find out, sometimes when it is too late, that they have been grievously mistaken. What the learner should desire to know, is, not how to avoid the labor of study, but how to employ the energies of his mind most advantageously.

Frequent examinations by a competent teacher, all must admit, are of the greatest importance to the student. By this means, not merely is his memory refreshed as to what he has learned, but his errors and misconceptions are corrected by the opportune remarks and explanations of the examiner.

We have glanced through Dr. Ludlow's work, and as far as we can judge by a hasty survey of its contents, it appears to be carefully written, both as it regards language and material facts. In this respect, we can cheerfully commend it to the notice of students of medicine, more especially those following the courses of instruction given in the University of Pennsylvania, for which, in fact, it appears to be specially adapted.

THE MEDICAL EXAMINER.

PHILADELPHIA, JULY 27, 1844.

EDITORIAL COURTESY.

A spirited, and, we should think, rather undignified war, has been going on for some time past between the *Lancet* and *Medical Times*, two ably conducted weekly medical journals, published in London. Such things are to be deplored by all true friends of the profession. Whatever the parties themselves may think, wrangling is always injurious to those immediately engaged in it, and the body suffers with its members. Impartial criticism, expressed in proper language, ought to give offence to no one. Just reproof, and dignified reply, are also proper, whenever the manner and the means employed by an opponent are such as a gentleman may notice. But when men of education, members of a learned and noble profession, descend to the use of vulgar epithets and personal abuse, they have no right to expect that honourable members of the profession will condescend to participate with them in such conduct, even so far as to feel interested in the controversy, much less to approve of it.

Great as is the evil of such example, in the present instance, science is in danger of losing by it in another way. By the *Medical Times* of the 29th ult., we are informed that the proprietors of that Journal are threatened with a prosecution by those of the *Lancet* for a breach of copyright, in consequence of the publication in the former Journal of abstracts of some

important papers published in the latter. If it is to be held unlawful, or dishonorable, for one Journal to copy from another, giving the proper credit, either entire articles or abstracts of them, it will greatly circumscribe the usefulness of such publications. By this all parties must be losers. No Journal can be permanently injured by the transfer of valuable matter from its columns to the pages of another, when it is properly acknowledged; on the contrary, it serves to attract attention more generally to it, and thus promote its circulation. It is only when the matter of one journal is taken without acknowledgment by another,—in other words,—*stolen*, that there is any just cause of complaint. And even then, when not too flagrant, a noble mind will often bear the injustice rather than expose the culprit. Of the abundance of the rich, a little may be spared to the cravings of the starveling. Sometimes, however, justice cries aloud and bids us spare not, and then it may be the duty of the impartial journalist to do for the public good, what the generous author declines to do for himself. We have some examples of this kind laid aside, which we may sometime find space and occasion to use. Not those reckless and insane instances in which one man prints and publishes as his own the entire papers of another, either "translated from the French," or in "the King's English," but of that sort in which, by a kind of transmutation, or sweating process, the gold is extracted without the appearance of theft.

There are some men of such clever minds that after reading over a valuable essay, by a re-arrangement of its materials, and the aid of a little invention, they can accomplish the most perfect metamorphosis—so change the features that even the parent can scarcely recognise his own offspring. Others again, endowed with better memory and less imagination, reproduce it partly in the original form—here a phrase and there a word; now an odd technicality and then an anachronism;—a sort of patch-work concern, in which the original woof is strangely overlaid with other party-coloured stuff—too thin however to conceal the fraud.

ANNUAL ANNOUNCEMENT OF THE PHILADELPHIA MEDICAL ASSOCIATION, FOR THE SESSION OF 1845.

Most of the gentlemen constituting this Association, have been successfully engaged in teaching their several branches, the past and present summer. By the present publication, we are informed that they have added to their number, and now present a complete organization, as follows, viz:

Robert Bridges, M. D. on Chemistry.
J. M. Wallace, M. D. on Surgery.
J. M. Allen, M. D. on Anatomy.
F. G. Smith, M. D. on Physiology.
J. F. Meigs, M. D. on Obstetrics.
Francis West, M. D. on Mat. Med. and Therapeutics.
Alfred Stillé, M. D. on General Pathology and Practice of Medicine.

The regular course of lectures of the Association for the session of 1845, will commence early in April, and continue until the end of October, with the usual recess during the summer.

Dr. J. M. Wallace, No. 1 Monroe Place, is the Secretary.

RECORD OF MEDICAL SCIENCE.

CHLORURETTED LOTIONS IN CONFLUENT VARIOLA.

Dr. Bailleul strongly recommends the application of chloruretted lotions to the skin, throat and nasal passages, in severe cases of confluent small-pox. He is of opinion that they serve to decompose the purulent matter in the pustules, and thereby to counteract the tendency that often exists to cutaneous and pulmonary asphyxia, by neutralizing the noxious agency of the purulent matter on the cutaneous and mucous surfaces. The fever of resorption—or secondary fever, as it is usually called—is thus rendered much less formidable; and, moreover, the emanation of poisonous effluvia from the body is in a great measure arrested. Considered as local applications, the chloruretted lotions refresh and re-invigorate the vital properties of the skin, and tend also to promote the cicatrization of the greyish-colored ulcers which line the bottom of the variolous pustules. The practice here recommended may be expected to be of especial utility in prisons, hospitals, on board ship, &c., where patients are apt to be crowded together, and the danger of infection is therefore to be most dreaded.—*Med. Chir. Rev.*

ON THE PROPER AGE FOR FEMALES TO MARRY.

M. Raciborski, in his recent elaborate memoirs on this subject, makes the following curious observations:

"*M. Marc* says—and we think that he is quite right in the statement—that the strength and the vigor of the offspring are more dependent upon the state of the mother's than of the father's constitution. The eggs, for example, of very young hens are always small, however lusty be the cock that has fecundated them. The same holds good in the case of calves, colts, &c.

According to the tables in the late *Mr. Sadler's* work, the average offspring of each marriage in England, when the mother is below 16 years of age, is 4.40; when her age is from 16 to 20, it is 4.63; when from 20 to 23, it is 5.21; and when from 24 to 27, it is 5.43. If these calculations be correct, they afford the most convincing evidence, that, not only the number, but also the strength and *viability*, of children born, are much influenced by the age of the mother. According to our views, the interval between the 20th and the 24th years is the most advisable for marriages among the women of this country (France.) The testimony of an accomplished female writer on the education of young persons may be aptly quoted here. "We are in the habit of marrying our daughters so young," says *Madame de Remusat*, "that they really have not had the time to look at or understand anything in its proper light. If established usages could be suddenly broken through, and if we were to consult nature more in our matrimonial arrangements, I believe that the age of 25 years, or so, is that which would be considered most advisable for young women to marry. But, alas! there is little hope that fashion will recognise so great a change in her customs as this. We should at least wait till a girl has passed her 20th year; and meanwhile everything should be done, by a judicious system of education, to hasten on the maturity of her reason."—*Ibid.*

ELECTRICITY IN CASES OF POISONING BY LAUDANUM.

Mr. Corfe, of the Middlesex Hospital, has related

an instance of the good effects of electricity under these circumstances. A man was admitted, having taken an ounce and a half of laudanum on the preceding evening, six hours previously. "In the first instance I ordered the administration of the stomach-pump, at which period, to all appearances, he was a lifeless corpse; the pupils were contracted to a pin-hole in size; the pulse was intermitting, and not more than 40; the respirations convulsively performed at intervals of half a minute; the face livid, and the extremities bluish and cold. After the stomach had been relieved of its contents, green tea, with ammonia, was injected therein; flagellation with thin splints and wet towels, the cold douche, turpentine stupes and sinapisms to his calves and abdomen, were applied in succession, without the least improvement in his condition. The bladder was relieved of six or eight ounces of light-coloured urine by the catheter. I then thought of a most powerful remedy, which was attended with extraordinary success; I allude to the electro-magnetic battery, conjointly with electricity, which was set to work upon him soon after four o'clock. The pulse became more steady, firm, and frequent; the respirations more indicative of resuscitation. Our powerful electrical machine was now got into full play before a large fire, and the jar filled, when some brilliant sparks and strong shocks were occasionally passed through his head, spine, thorax, and abdomen."—*Med. Chir. Rev. from the Lancet*, Jan. 27, 1844.

The result of this was, that the man opened his eyes, and his mouth too, abusing the operators for a pack of rascals who were "trying specimens" on him. But incomparably the most satisfactory effect was produced by giving him a shock on the tip of his nose. To use a phrase of the ring, he *rallied* wonderfully under this—a hint worth taking.

FORMULA FOR PRECIPITATED CHALK.

The Editor of the *Pharmaceutical Journal* observes, that the extensive use which "precipitated chalk" has recently acquired, as a substitute for the impure "prepared chalk," and the high price which, until lately, has been charged for the former as compared with the latter, have led to several inquiries from correspondents, as to the best and most economical method of making a good "Creta Precipitata." The process that he recommends is this:—

Take of White Marble 1 part.
Pure Hydrochloric Acid, 2½ parts.
Carbonate of Soda (crystals,) 3 parts.
Water, a sufficient quantity.

Dissolve the marble in the hydrochloric acid, previously mixed with two parts of water, and dilute the solution with four parts more of water. Dissolve the carbonate of soda in twelve parts of water. Mix the solutions, and collect, wash, and dry the precipitate.
Pharm. Journal.

NEW SALT OF MERCURY AND QUINIA.

The combination of oxymuriate of mercury and tincture of bark has been long known as a remedy for the treatment of scrofula and enlarged mesenteric glands, also in the treatment of strumous ophthalmia. This combination is well known to be unchemical, the salts being decomposed by the bark. *Mr. R. N. M'Dermot*, of Dublin, convinced of the value of a combination of the active principle of the barks with salt of mercury—"a combination which, according to the concurring testimony of various phy-

sicians, accelerates, in a remarkable manner, the constitutional action of mercurials, was brought to think that a definite compound might be formed in which the bichloride would perform the part of an acid, and the alkaloid quinia form the base, and which would combine the therapeutic value of these two important substances." On trial he found the results were exactly as he had anticipated. He obtained a double salt, a proto-chloride of mercury and quinia, chemically combined. On subjecting it to the strictest analysis, no trace of bichloride could be detected. The intimate combination of the active principle of the bark with mercury in the form just indicated, will, in his opinion, render it less liable to produce the ill effects of mercury on some constitutions, while its efficacy as a general remedy must be much enhanced. He anticipates that the combination of these two agents will rarely fail of producing a happy result in the diseases of the eye generally, but especially when scrofula is present.—*Dublin Medical Press*.

VALERIANATE OF ZINC.

This new preparation is extolled by some of the Italian physicians as a very powerful remedy in several nervous affections. It is formed by adding the protoxide of the metal to the vegetable acid to saturation, and then slowly evaporating the solution. It is administered in the form of pill in the dose of one or two grains. In the *Bulletino delle Sc. Mediche* some cases of neuralgia successfully treated by it are recorded.

PREGNANCY AND CANCER UTERI.

Dr. Miller, jr. narrates, in the London and Edinburg Medical Journal, a melancholy case of this complication, in which the poor woman died undelivered. On examination of the body, the fœtus was found to have been dead several days; the uterus was deeply involved in the carcinomatous degeneration, and partly destroyed by ulceration. The ovaries were also altered in structure, having a soft caseous consistence, and breaking down easily under the finger. The left ovary was nearly twice as large as the right, which was about the normal size. Dr. Miller suggests the induction of premature labour in future in cases of scirrhus uteri as soon as the existence of pregnancy can be ascertained, as the best means of prolonging the life of the patient.

ANTIPSORIC REMEDIES.

Various new modes of curing the itch appear from time to time; and if it be true that the thing needful is the destruction of the itch insect, it is probable that some remedy may be brought into general use which may be equally certain, and less noisome, than the common sulphur ointment. M. Dornblueth recommends a combination of two parts of common soap and one of powdered white hellebore, made into a paste with boiling water. This must be daily rubbed into the parts affected, until the itching is succeeded by a burning sensation, after which daily ablutions and clean linen complete the cure.

M. Aubé declares that one friction with oil of turpentine effects a perfect cure; M. Cazenave says the same of a solution of iodine; and it is also stated that all essential oils, especially those of anise and peppermint, possess the same properties.—*Prov. Med. Journ.*, from *Bouchardat's Annuaire de Thérapeutique*.

CHLORIDE OF MAGNESIUM.

This has lately been recommended as a saline aperient by Dr. Lebert. It is said to produce no injurious effect whatever on the stomach, and if occasionally it gives rise to any unpleasant sensation, it inconveniences less than most other purgatives. It would seem to favour digestion, since its purgative action is followed by an improvement of the appetite. The mean dose as an aperient is 30 grammes for an adult, and half that quantity for a child of from ten to fourteen years of age.—*Prov. Med. and Sur. Journ. from Gaz. Med. de Paris*.

NITRATE OF POTASH IN SPASMODIC ASTHMA.

Dr. Frisi states, in the *Filiatre Sebezio*, that having read of a proposal by an American physician to employ, in cases of spasmodic asthma, the vapor of nitrate of potash obtained by burning in the chamber, or smoking in a pipe, porous paper twice soaked in a solution of that substance, he determined to give it a trial in an obstinate case of that disease, which had resisted every other means. The relief was instantaneous, and the remedy whenever repeated, never failed to cut short the attack.—*London Med. Times*.

REMOVAL OF CANCER BY THE KNIFE.

M. Leroy d'Etiolles asserts, in a paper recently read before the Academy of Sciences, that extirpation, as far as it is practicable by surgical operation, does not stop the progress of this disease; and that, as a general rule, the knife should never be resorted to except for cancer affecting the lips and skin. In other cases, he says, extirpation should never be attempted, except when the life of the patient is placed in danger by hæmorrhage from ulceration. The same opinion is entertained upon this subject by the profession in Italy: at the recent meeting of the Scientific Congress at Lucca, the awarding of a prize of £20, by the medical section, for the best Memoir on Cancer, gave rise to a lengthened debate on this formidable disease; in the course of which Professors Pacini, Cento, Canti, and Regnoli, maintained that it is an incurable affection. Dr. Regnoli read a statistical report which he had drawn up, and from which it appeared, that out of two hundred and fifty persons on whom cancerous degenerations had been extirpated by the knife, scarcely twenty had survived the third year. He was, therefore, induced to look upon amputation as a palliative measure only.—*Ibid*.

NUX VOMICA IN NEURALGIA.

M. Roclants, a Dutch physician, reports most favorably of the effects of this potent drug in severe cases of neuralgia of the face and other parts, and communicates at the same time the therapeutic results obtained by many of his professional friends. Out of 29 severe cases, a perfect cure was effected in 25, and decided relief was afforded in the other four. The dose, in which the powdered nux vomica was administered, was from three to ten grains, and upwards, in the course of the twenty-four hours. In all cases its effects should be narrowly watched, as unpleasant consequences have occasionally resulted from incaution on the part of the physician. M. Roclants is inclined to regard the nux vomica as, on the whole, the most efficient and certain remedy against severe neuralgia; he has seen several cases, which had resisted the prolonged administration of steel, bark, and all other most approved means, yield to its use.—*Med. Chir. Rev*